

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. <i>10/550890</i>	FILING DATE					
								APPLICANT(S)						
CLAIMS														
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
1			1				51							
2			1				52							
3			1				53							
4		1	1				54							
5		1	1				55							
6		1	1				56							
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45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	1		1											
TOTAL DEP.	10	←	9	←										
TOTAL CLAIMS	11		10											